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AF #36
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11/21/95



FEE AUTHORIZATION /AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-169-CIP-C3	
Serial No. 08/397,320		Filing Date 3/2/95		Examiner Scheiner, L.	
In Re Application of Metalloproteinase Inhibitor		Group Art Unit 1813			
TO THE ASSISTANT COMMISSIONER OF PATENTS:					
<input checked="" type="checkbox"/> Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a): <div style="margin-left: 20px;"> <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$380.00) <input checked="" type="checkbox"/> Three months of original due date (\$900.00) <input type="checkbox"/> Four months of original due date (\$1,400.00) </div> <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> The response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application. </div> <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:					
CLAIMS AS AMENDED					
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate
Total Claims		Minus	=		x \$22 =
Indep. Claims		Minus	=		x \$78 =
Total Additional Fee for this Amendment					
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers. <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Fee Pursuant to 37 CFR 1.17(r) - \$750.00 </div> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 1,650.00. A duplicate copy of this petition is attached.</p> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.					
Please Send Future Correspondence To: U.S. Patent Operations/KMP M/S 10-1-B AMGEN INC. Amgen Center 1840 Dehavilland Drive Thousand Oaks, California 91320-1789			<div style="text-align: right;"> Karol M. Pessin Attorney/Agent for Applicant(s) Registration No. 34,899 Phone: (805) 447-2193 Date: October 27, 1995 </div>		

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ELLEN J. SORENSEN

Printed Name

Signature

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Fee Transmittal & Extension



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